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CONFIRMATION NO. 5215

<b>SERIAL NUMBER</b> 10/779,319	<b>FILING OR 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624 ✓	<b>ATTORNEY DOCKET NO.</b> OMRF:014US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *see* \*\*\*\*\*

This appln claims benefit of 60/448,653 02/18/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *see* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/12/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OK	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 24 ✓	<b>INDEPENDENT CLAIMS</b> 5 ✓
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>see</i> Initials <i>6/2/07</i>				

## ADDRESS

32425

## TITLE

Extended depth of focus microscopy

<b>FILING FEE RECEIVED</b> 572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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